2026 NC APCO TELECOMMUNICATOR TRAINING SYMPOSIUM

# More Than A Voice

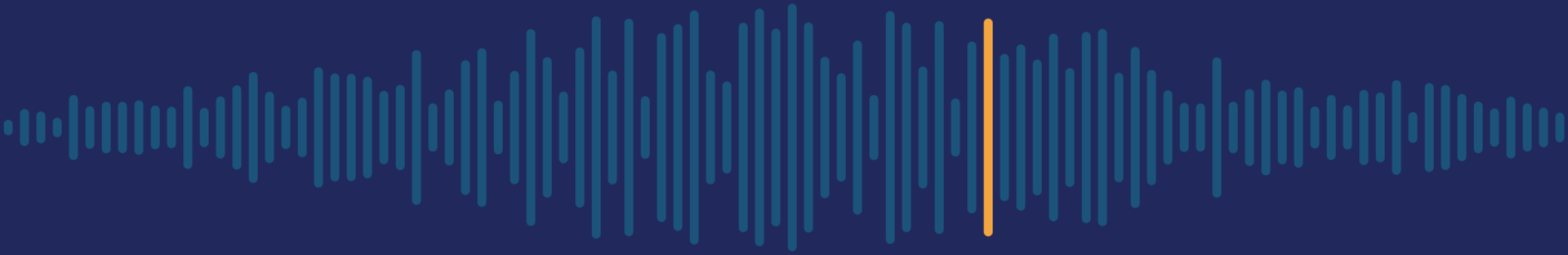
## Understanding the Mental Demands of 911 Dispatch



**Shaye Latham, LCSWA, CISM, CFRA**

911 Dispatcher | Mental Health Therapist

Tuesday, November 9, 2026 | 4:00–5:00 pm



# Who I Am



### 911 Dispatcher

Nearly 10 years in emergency communications. I have worked the console.



### LCSWA, Bloom Therapeutics

Licensed Clinical Social Worker Associate with a focus on first responder mental health.



### CISM & CFRA Certified

Trained in critical incident stress management and in first responder culture.

*I speak both languages.*

# Your stress is real. It is distinct from other first responders'. And it deserves its own name.

### It is real

About 1 in 5 telecommunicators screen positive for **probable** PTSD, and roughly 1 in 4 for depression.

*Lilly & Allen, 2015; Osório et al., 2025*

### It is distinct

Voice only, no scene, no closure, and the next call already ringing. The exposure is different from the field.

### It deserves a name

Support and debriefs are often built around field responders. Telecommunicators get left out of the conversation.



RAISE YOUR HAND IF…

# …someone has said “at least you didn’t have to see it” about a call that still affects you.

*Hands only. No explaining. No judgment.*

SECTION ONE

# The Dispatcher Brain Under Stress

THE KEY IDEA

*You do not have to be at the scene to be affected by it.*

WHAT WE'LL COVER

### What your body is doing

A stress response built for action, in a job that asks you to sit still.

### What it can look like

Common signs in the body, the mind, and behavior.

### How common it is

What published research says about telecommunicators.



# What Your Body Is Doing

*The stress response is built for action. Dispatch asks it to sit still.*



### Sound without sight

You process distress through audio alone. With no visual context, your mind builds the scene on its own.



### Call stacking & split attention

Several live incidents at once, each needing full presence. The brain is constantly switching, never settling.



### Alert with no outlet

Heart rate and adrenaline rise as they would in the field, but there is no scene to run toward and no movement to release it.



### Responsibility without control

You direct outcomes you cannot see, touch, or influence beyond your voice and the next unit.

# What It Can Look Like

*Common signs of accumulated stress. Having some of these does not mean something is wrong with you.*

### BODY

- Trouble falling or staying asleep
- Exhaustion that sleep does not fix
- Headaches or stomach problems
- Jumpy, on edge, easily startled

### MIND & EMOTIONS

- Calls replaying in your head
- Trouble concentrating
- Numbness or feeling detached
- Irritability or short temper

### BEHAVIOR

- Pulling away from family and friends
- More alcohol or caffeine to cope
- Dreading or calling out of shifts
- Cynicism toward callers or coworkers

WHAT THE RESEARCH SAYS

# How Common Is This?

*Studies of 911 telecommunicators, including 808 across the U.S.*

**17.6–24.6%**

screened positive for **probable** PTSD

*808 U.S. telecommunicators surveyed*
*Lilly & Allen, 2015*

**23.9%**

screened positive for **probable** major depression

*Same 808 telecommunicators*
*Lilly & Allen, 2015*

**28.2%**

pooled depression worldwide. PTSD 17.8%, anxiety 17.2%, hazardous drinking 17.8%.

*Meta-analysis of call-handlers and dispatchers*
*Osório et al., 2025*

**It's just an estimate. NOT a diagnosis.**

WHAT THE RESEARCH SAYS

# Not at the Scene. Not Protected.

## WHAT STUDIES FOUND

- You do not have to be at the scene to be affected by it. Telecommunicators report significant distress during traumatic calls, and that distress is linked to later PTSD symptoms.
- More trauma exposure is associated with more PTSD symptoms.
- Distance from the scene does not act as a buffer.

*Pierce & Lilly, 2012; Lilly & Pierce, 2013*

## PTSD, SIDE BY SIDE

**17.8%**

Call-handlers and dispatchers worldwide (Osório et al., 2025)

**14.3%**

First responders in routine-exposure samples. EMS 15.0%, fire 12.1%, police 13.9% (2025 meta-analysis)

*Different studies and measures, so a rough comparison, not a head-to-head.*

SECTION TWO ·

# Burnout, Compassion Fatigue & Moral Injury

THE KEY IDEA

*Some calls stay with you long after they end.*

WHAT WE'LL COVER

### Three terms, kept distinct

Burnout, compassion fatigue, and moral injury are often lumped together.

### What each sounds like

The thoughts and phrases that signal which one you may be carrying.

### Why dispatch is different

Voice only, no closure, and the next call right behind it.





RAISE YOUR HAND IF…

# …you've replayed a call afterward, wondering if you could have done something differently.

*Hands only. No explaining. No judgment.*

# Three Different Things, Often Confused

## Burnout

Chronic exhaustion and cynicism from sustained job demands without enough support or recovery.

**SOUNDS LIKE**

*“I’m just done.”*

**IN DISPATCH**

No debrief culture. “Just get back on the phones.”

## Compassion Fatigue

Emotional depletion from repeated exposure to other people’s suffering.

**SOUNDS LIKE**

*“I can’t feel anything anymore.”*

**IN DISPATCH**

“Just a voice on the phone” stigma minimizes the exposure.

## Moral Injury

Lasting distress when events violate your own values, or when you could not prevent harm.

**SOUNDS LIKE**

*“I should have been able to do something.”*

**IN DISPATCH**

Help that could not arrive in time. Never learning the outcome.

# Why Dispatch Is Different

### Voice only

You hear everything and see nothing. Your mind fills in the rest.

### No closure

Calls end without outcomes. Often you never learn what happened.

### Next call, now

There is rarely a pause between a traumatic call and the next ring.

### No scene, no motion

A full stress response with no physical action to discharge it.

### Invisible work

Often unseen by the public, and sometimes minimized by other responders.

### Thin debrief culture

Critical incident support is often designed around field responders.

SECTION THREE

# When No One Checks In

THE KEY IDEA

*A simple “you good?” would have changed so many things.*

WHAT WE’LL COVER

### Three calls

Nights from my own time on the console.

### What should have happened

The support that never came, step by step.

### How to ask so it lands

Two words that can change a shift.



FROM THE CONSOLE · 1 OF 3

Early in my career

# Next.

*Shots fired. Units not answering. Then the next call.*

**60+**

**minutes of radio silence**

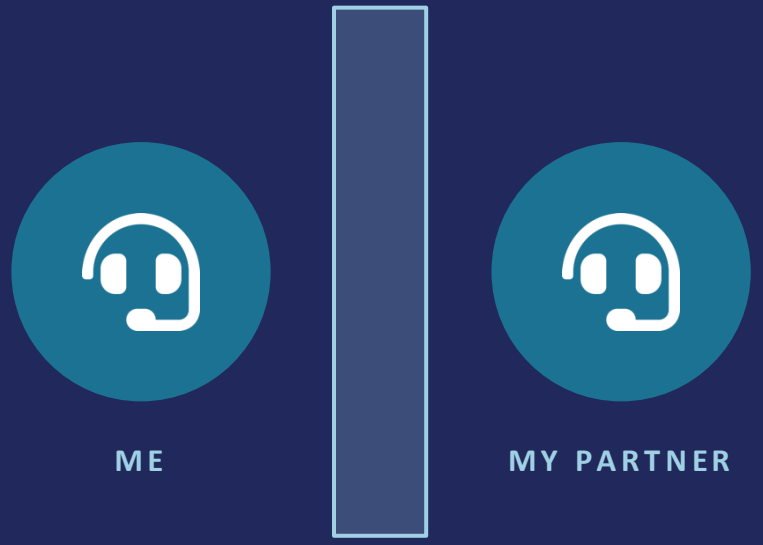
*No update, no closure.*

FROM THE CONSOLE · 2 OF 3

During COVID

# Through the Glass

*On the truck: my partner's best friend's husband and our rescue captain.*




*Two rooms. One window. Two calls in one night.*

FROM THE CONSOLE · 3 OF 3

December 24

# Christmas Eve

*I answered her boyfriend's call. Then we went home.*




*Every dispatcher knows what that means.*

# What Should Have Happened

*None of this costs money. It costs about 30 seconds to acknowledge someone.*

DURING THE SHIFT

## Someone walks over

A supervisor asks, “You good?” Relief for 10–15 minutes if staffing allows.

BEFORE YOU GO HOME

## A quick defusing

A short, informal talk so nobody walks out the door alone with it.

24–72 HOURS LATER

## A debrief is offered

CISM with dispatch in the same room as field units. Offered, not forced.

DAYS LATER

## Someone follows up

A text or a call. That’s often when it hits.

**Always: close the loop.** Tell dispatch what happened, even if it’s just “Everyone’s okay, we’ve got it.”

SECTION FOUR

# Building a Supportive Culture

THE KEY IDEA

*Support should not depend on someone having to ask for it.*

WHAT WE'LL COVER

### Check-ins that are routine

After any heavy call, not just the ones that make the news.

### Closing the loop

Sharing outcomes where policy allows.

### Peer support and CISM

A normal part of the job, not a last resort.



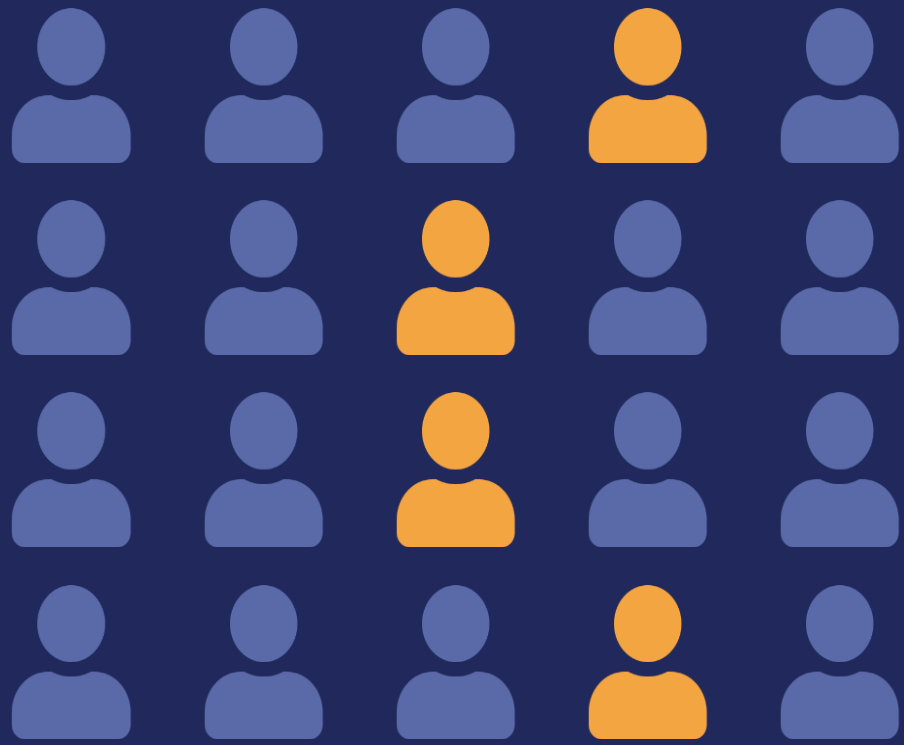


RAISE YOUR HAND IF…

# …you were back on the phones within minutes of a call that shook you.

*Hands only. No explaining. No judgment.*

*“Look around the room. This isn’t rare. It’s the job.”*



**In a room of 20 telecommunicators, about 4 may screen positive for probable PTSD.**

*Roughly 1 in 5. Lilly & Allen, 2015; Osório et al., 2025*

# What Leadership & Peers Can Do



**Normalize post-call check-ins**

Make them routine after any heavy call, not only the ones that make the news.



**Close the loop when possible**

Where policy allows, share outcomes. Knowing what happened reduces unresolved moral injury.



**Train supervisors to spot the signs**

So support starts before someone has to ask for it.



**Make peer support and CISM routine**

A normal part of the job, not a last resort. Include telecommunicators in every critical incident response.

# How to Ask So It Lands

## Be specific

Name the call. A general offer gets a general answer.

**TRY SAYING**

*“That was a rough one. You good?”*

**INSTEAD OF**

“Let me know if you need anything.”

## Ask twice

The first answer is almost always “I’m fine.”

**TRY SAYING**

*“Checking again. How are you really doing?”*

**INSTEAD OF**

Taking “I’m fine” as the final answer.

## Don’t fix it

Just listen. You don’t need the perfect words.

**TRY SAYING**

*“That’s a lot to carry. I’m glad you told me.”*

**INSTEAD OF**

“At least you didn’t have to see it.”

# One Last Question

*Eyes closed, or just look down.*



# *“What you carry is real.*
# *You don’t have to carry it alone.”*

Thank you for showing up. Today, and every shift.

### Take-home tool

Resource cards are by the door.

### Stay and talk

I will stay after for anyone who wants a private conversation.

### Thank you

To NC APCO and the symposium organizers.

Call or text 988, 24/7 | Shaye Latham, LCSWA, CISM, CFRA | shaye@bloomtherapeuticsnc.com



APPENDIX

# Sources


- Lilly, M. M., & Allen, C. E. (2015). Psychological inflexibility and psychopathology in 9-1-1 telecommunicators. Journal of Traumatic Stress. (N = 808; probable PTSD 17.6–24.6%, probable major depression 23.9%)
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- Global PTSD prevalence among active first responders and trends over recent years: A systematic review and meta-analysis (2025). ScienceDirect. (routine-exposure pooled PTSD 14.3%; EMS 15.0%, fire 12.1%, police 13.9%)